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**TODAY'S DATE:** 5/9/16

**DEADLINE:** 5/13/16

**Document Title (Cut & Paste):**

Bounnavath\_CAO Transmittal Letter\_Final  
Kensavath\_CAO Transmittal Letter\_Final  
Khamvongsa\_CAO Transmittal Letter\_Final  
Draft\_CAO\_FINAL  
Bounnavath NOV Final May 2015  
Final Bounnavath Inspection Report 2015  
Appendix A combined  
Appendix B Final Bounnavath Photos 3-2015  
Appendix C  
Appendix D  
Appendix E

**File Path (Cut & Paste):**

R:\RB5\R5RSection\N Central Valley\A Cross Section\Clerical\WET\GPerea\DRAFTS  
2016\Bounnavath

**REVIEW:**

Level of Required Review: ☐ Senior ☒ Supervisor ☐ Attorney ☐ AEO ☐ EO

		DATE COMPLETED	INITIAL	VERBAL	EMAIL
DRAFT	Author(s): Griffin Perea	5/9/16	GP		
	Senior: <del>Angela Wilson</del>				
	Supervisor: Angela Wilson	5/11/16			
QA/QC	Attorney (OCC, OE):		CAKCC		
	AEO: Clint Snyder				
	EO: Pamela Creedon				
FINAL EDITS	Author(s): Griffin Perea	5/11/16	GP		
SUBMITTAL	Copy(s) to appropriate draft clerical folder "U Drive"				

**CLERICAL/WORK REQUEST:**

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Cc's w/enclosures	<input checked="" type="checkbox"/> Yes cc/s w/out enclosures <input type="checkbox"/> Yes	5/12/16	RB
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7015 1660 0000 2319 4346

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Certified Mail Fee \$ <u>3.45</u>	
Extra Services & Fees (check box, add fees as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.80</u> <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
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Total Postage and Fees \$ _____	
Sent To Street and Apt. No., or City, State, ZIP+4® Kongkeo Khamvongsa 417 E. George Street Banning, CA 92220	
PS Form 3800, April 2013	

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■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <u>Linda P. [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">           Kongkeo Khamvongsa            417 E. George Street            Banning, CA 92220         </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) <u>7015 1660 0000 2319 4346</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery (over \$500)		<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <b>RECEIVED</b>  <b>MAY 20 2016</b> </div>	
Barcode: 9590 9403 0883 5223 8367 42			
PS Form 3811, July 2015 PSN 7530-02-000-9053			

Domestic Return Receipt

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Fax:	<input type="checkbox"/> Yes		
FedEx:	<input type="checkbox"/> Overnight <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Ground		
Certified Mail:	<input checked="" type="checkbox"/> Yes	5/12/16	RB
Cc's w/enclosures	<input checked="" type="checkbox"/> Yes cc/s w/out enclosures <input type="checkbox"/> Yes	5/12/16	RB
Other:			
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Certified Mail Fee \$ <u>3.45</u>	
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.80</u>	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ _____	
Sent To Street and Apt. # City, State, ZIP+4	
Alexandra Kensavath 417 E. George Street Banning, CA 92220	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 
1. Article Addressed to: <div>Alexandra Kensavath 417 E. George Street Banning, CA 92220</div>	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label) 7015 1660 0000 2319 4339	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
9590 9403 0883 5223 8367 35	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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Cc's w/enclosures	<input checked="" type="checkbox"/> Yes cc/s w/out enclosures <input type="checkbox"/> Yes	5/12/16	RB
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<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$



Sent To	Seng Boungnavath
Street and Apt. No.	7466 Bridgit Drive #25
City, State, ZIP+4®	Rohnert Park, CA 94928

PS Form 3800, April 2015 PSN 7530-02-000-9053 For Instructions

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Seng Boungnavath  
 7466 Bridgit Drive #25  
 Rohnert Park, CA 94928



9590 9403 0883 5223 8367 59

2. Article Number (Transfer from service label)

7015 1660 0000 2319 4322

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Seng

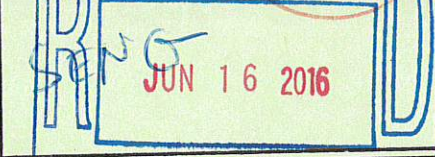
☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No



3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Registered Mail

☐ Registered Mail Restricted Delivery (\$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt